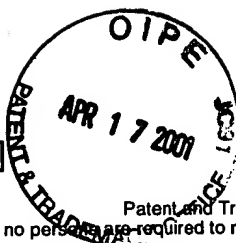


Please type a plus sign (+) inside this box → ☐



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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> (37 CFR 1.63)	<b>Attorney Docket Number</b>	T2180-906495
	<b>First Named Inventor</b>	Mark BENSON
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	09 / 645,928
	<b>Filing Date</b>	Aug. 25, 2000
	<b>Group Art Unit</b>	
<input type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
<b>Examiner Name</b>		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insurance Policy Renewal Method and System

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 08/25/2000 as United States Application Number or PCT International Application Number 09/645,928 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

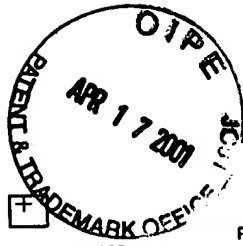
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
60/151,042	08/27/1999

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☐ Customer Number  OR ☒ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number
Edward J. Kondracki	20,604		
Dennis P. Clarke	22,549		
William L. Feeney	29,918		
John C. Kerins	32,421		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to ☐ Customer Number  OR ☒ Correspondence address below

Name	John C. Kerins				
Address	Miles & Stockbridge P.C.				
Address	1751 Pinnacle Drive, Suite 500				
City	McLean	State	VA	ZIP	22102-3833
Country	U.S.	Telephone	703-903-9000	Fax	703-610-8686

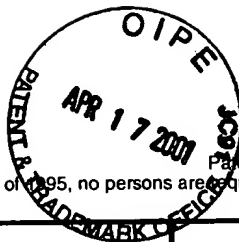
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
Mark H.		BENSON	
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
	N.I.	U.S.	U.S.
Post Office Address			
Post Office Address			
City	State	ZIP	Country
	N.I.		U.S.

☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → ☐



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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1 of 2

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

John

GOLDWATER

Inventor's  
Signature

Date

Residence: City

State

Country

US

Citizenship

US

Post Office Address

Post Office Address

City

State

ZIP

Country

US

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Dean

WATERS

Inventor's  
Signature

Date

Residence: City

State

Country

US

Citizenship

US

Post Office Address

Post Office Address

City

State

ZIP

Country

US

Name of Additional Joint Inventor, if any:

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Given Name (first and middle [if any])

Family Name or Surname

George

KOWALSKY

Inventor's  
Signature

Date

Residence: City

State

Country

US

Citizenship

US

Post Office Address

Post Office Address

City

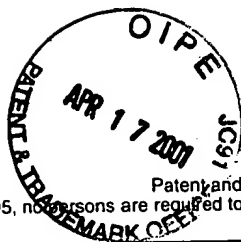
State

ZIP

Country

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Supplemental Sheet  
Page 2 of 2

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Michael

HEALEY

Inventor's  
Signature

Date

Residence: City

State

Country

U.S.

Citizenship

U.S.

Post Office Address

Post Office Address

City

State

ZIP

Country

U.S.

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Inventor's  
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Date

Residence: City

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Country

Citizenship

Post Office Address

Post Office Address

City

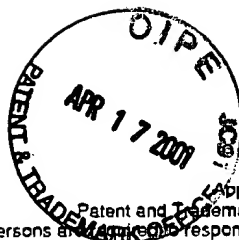
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ZIP

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	<b>Group Art Unit</b>	
<input type="checkbox"/> Declaration Submitted with Initial Filing	<b>OR</b>	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
<b>Examiner Name</b>		

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the specification of which (Title of the Invention)

☐ is attached hereto

**OR**

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy YES	Attached? NO
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

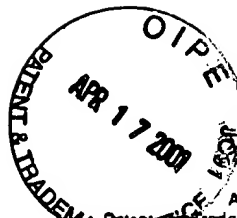
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Application Number(s)	Filing Date (MM/DD/YYYY)
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[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer  
Number Bar Code  
Label here

Name	Registration Number	Name	Registration Number
Edward J. Kondracki	20,604		
Dennis P. Clarke	22,549		
William L. Feeney	29,918		
John C. Kerins	32,421		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to ☐

Customer Number  
or Bar Code Label

OR ☒ Correspondence address below

Name	John C. Kerins		
Address	Miles & Stockbridge P.C.		
Address	1751 Pinnacle Drive, Suite 500		
City	McLean	State	VA
ZIP	22102-3833		
Country	U.S.	Telephone	703-903-9000
Fax	703-610-8686		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

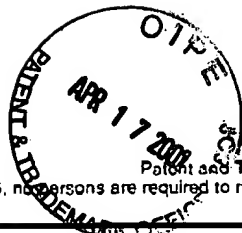
Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
Mark H.		BENSON	
Inventor's Signature			Date
Residence: City	ROBBINSVILLE	State	N.J.
Country	U.S.		Citizenship
Post Office Address	30 PICKERING DR		
Post Office Address			
City	ROBBINSVILLE	State	N.J.
ZIP	08691		Country
U.S.			

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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PTC/USB/02A (3-97)

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page <u>1</u> of <u>2</u>
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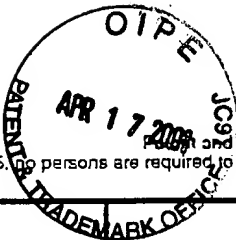
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
John		GOLDWATER	
Inventor's Signature	<input checked="" type="checkbox"/> <i>John K. Goldwater</i>	Date	<input checked="" type="checkbox"/> 12/3/00
Residence: City	<input checked="" type="checkbox"/> MANASSAS	State	<input checked="" type="checkbox"/> VA
		Country	US
Post Office Address	<input checked="" type="checkbox"/> 7011 TRAPPERS CT.		
Post Office Address			
City	<input checked="" type="checkbox"/> MANASSAS	State	<input checked="" type="checkbox"/> VA
		ZIP	<input checked="" type="checkbox"/> 20111
		Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Dean		WATTERS	
Inventor's Signature	<input checked="" type="checkbox"/>	Date	<input checked="" type="checkbox"/>
Residence: City	<input checked="" type="checkbox"/>	State	<input checked="" type="checkbox"/>
		Country	US
Post Office Address	<input checked="" type="checkbox"/>		
Post Office Address			
City	<input checked="" type="checkbox"/>	State	<input checked="" type="checkbox"/>
		ZIP	<input checked="" type="checkbox"/>
		Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
George		KOWALSKY	
Inventor's Signature	<input checked="" type="checkbox"/> <i>George Kowalsky</i>	Date	<input checked="" type="checkbox"/> 9/22/00
Residence: City	<input checked="" type="checkbox"/> Yardley	State	<input checked="" type="checkbox"/> PA
		Country	US
Post Office Address	<input checked="" type="checkbox"/> 1475 Greenmountain Rd		
Post Office Address	Yardley PA 19087		
City	<input checked="" type="checkbox"/> Yardley	State	<input checked="" type="checkbox"/> PA
		ZIP	<input checked="" type="checkbox"/> 19087
		Country	US

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Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

PTO/USB/02A (3-97)

**ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
Page 2 of 2

**DECLARATION**

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Michael		HEALEY	
Inventor's Signature	<i>Michael Healey</i>		Date <i>2/8/01</i>
Residence: City	<i>Milltown</i>	State <i>NT</i>	Country <i>U.S.</i>
Post Office Address	<i>191 South Moetz Drive</i>		
Post Office Address			
City	<i>Milltown</i>	State <i>NT</i>	ZIP <i>08850</i>
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	Country
Post Office Address			
Post Office Address			
City		State	ZIP
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	Country
Post Office Address			
Post Office Address			
City		State	ZIP

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number T2180-906495

First Named Inventor Mark BENSON

**COMPLETE IF KNOWN**

Application Number 09 / 645,928

Filing Date Aug. 25, 2000

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insurance Policy Renewal Method and System

☐ the specification of which (Title of the Invention)

☐ is attached hereto  
OR

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/151,042	08/27/1999	

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☐ Customer Number  OR ☒ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number
Edward J. Kondracki	20,604		
Dennis P. Clarke	22,549		
William L. Feeney	29,918		
John C. Kerins	32,421		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to ☐ Customer Number  OR ☒ Correspondence address below

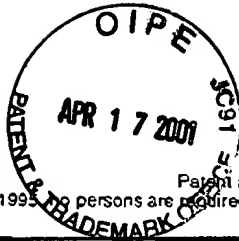
Name	John C. Kerins				
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
Mark H.		BENSON	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
	NI	U.S.	U.S.
Post Office Address			
Post Office Address			
City	State	Country	
	NI	U.S.	

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → ☒

PTO/SB/02A (3-97)

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**DECLARATION****ADDITIONAL INVENTOR(S)**

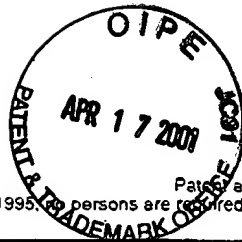
Supplemental Sheet

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
John				GOLDWATER			
Inventor's Signature	<input checked="" type="checkbox"/>					Date	<input checked="" type="checkbox"/>
Residence: City	<input checked="" type="checkbox"/>	State	<input checked="" type="checkbox"/>	Country	US	Citizenship	US
Post Office Address	<input checked="" type="checkbox"/>						
Post Office Address							
City	<input checked="" type="checkbox"/>	State	<input checked="" type="checkbox"/>	ZIP	<input checked="" type="checkbox"/>	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Dean				WATTERS			
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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George				KOWALSKY			
Inventor's Signature	<input checked="" type="checkbox"/>					Date	<input checked="" type="checkbox"/>
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Post Office Address	<input checked="" type="checkbox"/>						
Post Office Address							
City	<input checked="" type="checkbox"/>	State	<input checked="" type="checkbox"/>	ZIP	<input checked="" type="checkbox"/>	Country	US

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**DECLARATION**
**ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
 Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Michael				HEALEY			
Inventor's Signature						Date	
Residence: City		State		Country	U.S.	Citizenship	U.S.
Post Office Address							
Post Office Address							
City		State		ZIP		Country	U.S.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
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Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
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